

SERFF Tracking Number: MGCC-126475523 State: Arkansas
 Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number: 44717
 Company Tracking Number: CIT: NLR AR HB 2244 & NLR AR HB 1031
 TOI: H15I Individual Health - Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical
 Hospital/Surgical/Medical Expense Expense
 Product Name: AE MW-25906-IP AR (01/10); AE MW-25907-IP AR (01/10); AE MW-26025-IP AR (01/10); AE MW-26026 PPO IP AR (01/10)
 Project Name/Number: HB 1031-Prostate Cancer Screenings & HB 2244-Orthotics and Prosthetics/

Filing at a Glance

Company: Mid-West National Life Insurance Company of Tennessee

Product Name: AE MW-25906-IP AR (01/10); SERFF Tr Num: MGCC-126475523 State: Arkansas

AE MW-25907-IP AR (01/10); AE MW-26025-IP

AR (01/10); AE MW-26026 PPO IP AR (01/10)

TOI: H15I Individual Health -

Hospital/Surgical/Medical Expense

Sub-TOI: H15I.001 Health -

Hospital/Surgical/Medical Expense

Filing Type: Form

SERFF Status: Closed-Approved- State Tr Num: 44717

Closed

Co Tr Num: CIT: NLR AR HB 2244 State Status: Approved-Closed

& NLR AR HB 1031

Authors: Dianna Cordova, Jaime

Butler, Kim Perkins

Date Submitted: 01/29/2010

Reviewer(s): Rosalind Minor

Disposition Date: 02/03/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name: HB 1031-Prostate Cancer Screenings & HB 2244-Orthotics and Prosthetics

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/03/2010

Deemer Date:

Submitted By: Dianna Cordova

Filing Description:

Please see cover letter.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 02/03/2010

Created By: Dianna Cordova

Corresponding Filing Tracking Number:

SERFF Tracking Number: MGCC-126475523 State: Arkansas

Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number: 44717

Company Tracking Number: CIT: NLR AR HB 2244 & NLR AR HB 1031

TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense

Product Name: AE MW-25906-IP AR (01/10); AE MW-25907-IP AR (01/10); AE MW-26025-IP AR (01/10); AE MW-26026 PPO IP AR (01/10)

Project Name/Number: HB 1031-Prostate Cancer Screenings & HB 2244-Orthotics and Prosthetics/

Company and Contact

Filing Contact Information

Dianna Cordova, Compliance Analyst II dianna.cordova@healthmarkets.com
 9151 Boulevard 26 817-255-8283 [Phone]
 North Richland Hills, TX 76180 817-255-8153 [FAX]

Filing Company Information

Mid-West National Life Insurance Company of Tennessee CoCode: 66087 State of Domicile: Texas
 9151 Boulevard 26 Group Code: 264 Company Type: Health
 North Richland Hills, TX 76180 Group Name: State ID Number:
 (817) 255-3100 ext. [Phone] FEIN Number: 62-0724538

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation: \$50 X 4 FORMS
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mid-West National Life Insurance Company of Tennessee	\$200.00	01/29/2010	33883947

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Project Name/Number: HB 1031-Prostate Cancer Screenings & HB 2244-Orthotics and Prosthetics/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/03/2010	02/03/2010

SERFF Tracking Number:	MGCC-126475523	State:	Arkansas
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Disposition

Disposition Date: 02/03/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MGCC-126475523 State: Arkansas

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	ARGA 0104	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Amendatory Endorsement	Approved-Closed	Yes
Form	Amendatory Endorsement	Approved-Closed	Yes
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Form	Amendatory Endorsement	Approved-Closed	Yes

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Project Name/Number: HB 1031-Prostate Cancer Screenings & HB 2244-Orthotics and Prosthetics/

Form Schedule

Lead Form Number: AE MW-25906-IP AR (01/10)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/03/2010	AE MW-25906-IP AR (01/10)	Policy/Cont ract/Fratern Endorsement al	Policy/Cont Amendatory ract/Fratern Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			AE MW-25906-IP AR (01-10).pdf
Approved-Closed 02/03/2010	AE MW-25907-IP AR (01/10)	Policy/Cont ract/Fratern Endorsement al	Policy/Cont Amendatory ract/Fratern Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			AE MW-25907-IP AR (01-10).pdf
Approved-Closed 02/03/2010	AE MW-26025-IP AR (01/10)	Policy/Cont ract/Fratern Endorsement al	Policy/Cont Amendatory ract/Fratern Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			AE MW-26025-IP AR (01-10).pdf
Approved-Closed	AE MW-26026	Policy/Cont ract/Fratern Endorsement	Policy/Cont Amendatory ract/Fratern Endorsement	Initial			AE MW-26026 PPO-

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02/03/2010 PPO-IP AR al IP AR (01-
(01/10) Certificate: 10).pdf
Amendmen
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Page,
Endorseme
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MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENNESSEE

A Stock Company
(Hereinafter called: The Company, We, Our or Us)
Home and Administrative Office: N. Richland Hills, Texas
P.O. Box 982010
North Richland Hills, Texas 76182-8010
Customer Service: 1-800-733-1110

AMENDATORY ENDORSEMENT

This Amendatory Endorsement is made a part of the Policy to which it is attached. It is subject to all the provisions of the Policy which are not inconsistent with this endorsement. It is applicable only to Insured Persons who are residents of the State of Arkansas.

1. The definition of **Complications of Pregnancy** under the **DEFINITIONS** section is hereby deleted in its entirety and replaced with the following:

Complications of Pregnancy means:

1. Hospital confinement or treatment in an Outpatient Surgery Facility (when the pregnancy is not terminated) required to treat conditions, such as the following, in a pregnant female Insured Person: (a) acute nephritis; (b) nephrosis; (c) cardiac decompensation; (d) HELLP syndrome; (e) uterine rupture; (f) amniotic fluid embolism; (g) chorioamnionitis; (h) fatty liver in pregnancy; (i) septic abortion; (j) placenta accreta; (k) gestational hypertension; (l) puerperal sepsis; (m) peripartum cardiomyopathy; (n) cholestasis in pregnancy; (o) thrombocytopenia in pregnancy; (p) placenta previa; (q) placental abruption; (r) acute cholecystitis and pancreatitis in pregnancy; (s) postpartum hemorrhage; (t) septic pelvic thrombophlebitis; (u) retained placenta; (v) venous air embolus associated with pregnancy; (w) miscarriage; or (x) an emergency c-section required because of (i) fetal or maternal distress during labor, or (ii) severe pre-eclampsia, or (iii) arrest of descent or dilatation, or (iv) obstruction of the birth canal by fibroids or ovarian tumors, or (v) necessary because of the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that, in the absence of immediate medical attention, will result in placing the life of the mother or fetus in jeopardy. For purposes of this paragraph, a c-section delivery is not considered to be an emergency c-section if it is merely for the convenience of the Insured Person and/or Physician or solely due to a previous c-section.
2. Treatment, diagnosis or care for conditions, including the following, in a pregnant female Insured Person when the condition was caused by, necessary because of, or aggravated by the pregnancy: (a) hyperthyroidism; (b) hepatitis B or C; (c) HIV; (d) Human papilloma virus; (e) abnormal PAP; (f) syphilis; (g) chlamydia; (h) herpes; (i) urinary tract infections; (j) thromboembolism; (k) appendicitis; (l) hypothyroidism; (m) pulmonary embolism; (n) sickle cell disease; (o) tuberculosis; (p) migraine headaches; (q) depression; (r) acute myocarditis; (s) asthma; (t) maternal cytomegalovirus; (u) urolithiasis; (v) DVT prophylaxis; (w) ovarian dermoid tumors; (x) biliary atresia and/or cirrhosis; (y) first trimester adnexal mass; (z) hydatidiform mole; or (aa) ectopic pregnancy.

Complications of Pregnancy do not include false labor; occasional spotting; Physician prescribed rest during the period of pregnancy; morning sickness; hyperemesis gravidarum; and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication.

2. The following Covered Expenses is hereby amended in the **BENEFITS** section. Unless otherwise stated, all Covered Expenses are subject to the Deductible, Coinsurance and Lifetime Maximum Amount shown in the POLICY SCHEDULE; the Maximum Benefit, benefit and/or Aggregate Maximum Amounts, if any, shown in the POLICY SCHEDULE. Unless otherwise stated, these Covered Expenses are also subject to the EXCLUSIONS AND LIMITATIONS and all other provisions of the Policy:

*The following benefit is effective on the later of **January 1, 2006** or the Effective Date of the Policy, the **Miscellaneous Hospital Inpatient Charges** is hereby revised to the following:*

Miscellaneous Hospital Inpatient Charges

Covered Expenses include all charges made by a Hospital for miscellaneous medical services and supplies necessary for the treatment of the Insured Person during that Confinement.

Covered Expenses will also include x-ray, laboratory and other diagnostic tests, services of a radiologist or radiology group and for services of a pathologist or pathology group for interpretation of diagnostic tests or studies.

Covered Expenses also include charges for anesthesia and hospital or ambulatory surgical facility charges for services performed in connection with dental procedures, if the treating Physician certifies that due to the patient's age or condition, hospitalization or anesthesia is required to safely and effectively perform the procedure if:

1. a child under 7 years of age who is determined by 2 dentists licensed under the Arkansas Dental Practice Act to require, without delay, necessary dental treatment in a hospital or ambulatory surgical center for a significantly complex dental condition; or
2. a person with a diagnosed serious mental or physical condition; or
3. a person with a significant behavioral problem as determined by the Insured's Physician licensed under the Arkansas Medical Practice Act.

This law does not apply to coverage for the treatment for temporomandibular joint disorders (TMJ).

The fees charged for take home drugs, personal convenience items, or items not intended primarily for use of the Insured Person while Hospital Confined are not Covered Expenses.

3. The following Covered Expenses are added to the **BENEFITS** section. Unless otherwise stated, all Covered Expenses are subject to the Deductible, Coinsurance and Lifetime Maximum Amount shown in the POLICY SCHEDULE; the Maximum Benefit, benefit and/or Aggregate Maximum Amounts, if any, shown in the POLICY SCHEDULE. Unless otherwise stated, these Covered Expenses are also subject to the EXCLUSIONS AND LIMITATIONS and all other provisions of the Policy:

*The following benefit is effective on the later of **April 11, 2005** or the Effective Date of the Policy.*

Impairment or Loss of Speech or Hearing

Covered Expenses include the communicative disorders generally treated by speech pathologist or audiologist licensed by the Board of Examiner in Speech-Language Pathology and Audiology and which fall within the scope of his/her area of certification. Coverage does not apply to hearing instruments or devices.

*The following benefit is effective on the later of **August 1, 2005** or the Effective Date of the Policy.*

Colorectal Cancer Screening

Covered expenses included charges for colorectal cancer examinations and laboratory tests for Insured Persons who are 50 years of age or older; who are less than 50 years of age and at high risk for colorectal cancer according to American Cancer Society colorectal cancer screening guidelines as they existed on January 1, 2005; and experiencing bleeding from the rectum or blood in the stool or a change in bowel habits, such as diarrhea, constipation, or narrowing of the stool that lasts more than 5 days as determined by a licensed physician.

For the purpose of this benefit "high risk for colorectal cancer" means: Individuals over 50 years of age or who face a high risk for colorectal cancer because of the presence of polyps on a previous colonoscopy, barium enema, or flexible sigmoidoscopy; family history of colorectal cancer in close relatives of parents, brothers, sisters, or children; genetic alterations of hereditary nonpolyposis colon cancer or familial adenomatous polyposis; personal history of colorectal cancer, ulcerative colitis, or Crohn's disease; or the presence of any appropriate recognized gene markers for colorectal cancer or other predisposing factors; and any definition

recognized by medical science and determined by the Director of the Department of Health in consultation with the University of Arkansas for Medical Sciences.

*The following benefit is effective on the later of **August 1, 2005** or the Effective Date of the Policy.*

Outpatient Contraceptive Services and Devices Benefit

Covered Expenses include the charges incurred for Outpatient Contraceptive Services and Devices including closed formularies; however, formularies must include implant and injectable contraceptive drugs, and intrauterine devices.

Covered Expenses do not include charges for abortion, an abortifacient or any U.S. Food and Drug Administration approved emergency contraception.

Outpatient Contraceptive benefits are subject to the same Deductibles and Coinsurances as prescription drugs.

*The following benefit is effective as of **July 31, 2009** or the Insured Person's Effective Date of Coverage, whichever is later:*

Orthotics and Prosthetics

Covered Expenses include charges for orthotic and prosthetic devices and services, including repairs and replacements due to anatomical change or normal use. Such devices and services must be prescribed by a licensed doctor of medicine, doctor of osteopathy, or doctor of podiatric medicine and provided by a doctor of medicine, a doctor of osteopathy, a doctor of podiatric medicine, an orthotist, or a prosthetist licensed by the State of Arkansas. The reimbursement amount shall be at the minimum of eighty percent of Medicare allowables as defined by the Center for Medicare Medicaid Services, Healthcare Common Procedure Coding System for:

1. An orthotic device;
2. An orthotic service;
3. A prosthetic device; and
4. A prosthetic service.

For the purpose of this benefit, "Orthotic Device" means an external device that is custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with the delivery of the device to the patient.

Orthotic Device does not include a cane, a crutch, a corset, a dental appliance, an elastic hose, an elastic support, a fabric support, a generic arch support, a low-temperature plastic splint, a soft cervical collar, a truss, or other similar device that: (i) is carried in stock and sold without therapeutic modification by a corset shop, department store, drug store, surgical supply facility, or similar retail entity; and (ii) has no significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body.

For the purpose of this benefit, "Prosthetic Devices" means an external device that is intended to replace an absent external body part and custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with being delivered to the patient.

Prosthetic Device does not include an artificial eye, an artificial ear, a dental appliance, a cosmetic device such as artificial eyelashes or wigs, a device used exclusively for athletic purposes, and artificial facial device, or other device that does not have a significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body.

*The following benefit is effective as of **January 1, 2010** or the Insured Person's Effective Date of Coverage, whichever is later:*

Prostate Cancer Screening

Covered Expenses include a screening for the early detection of prostate cancer for a male Insured Person 40 years of age and older, as according to the National Comprehensive Cancer Network guidelines.

The screening shall consist of the following tests:

1. Annual prostate specific antigen test (PSA); and
2. Digital rectal exam (DRE).

[This benefit is not subject to a Deductible.]

4. The **EXCLUSIONS AND LIMITATIONS** is hereby amended as follows:

*The following **Exclusion and Limitation** is effective on the later of **August 1, 2005** or the Effective Date of the Policy.*

Item 10 is hereby deleted in its entirety and replaced with the following:

10. Any treatment including prescription drugs or non-prescription drugs, or procedure that promotes conception or prevents childbirth, including but not limited to: (a) artificial insemination; (b) in-vitro fertilization or other treatment for infertility; (c) treatment for impotency; (d) sterilization or reversal of sterilization; or (e) abortion (unless the life of the mother would be endangered if the fetus were carried to term), unless otherwise stated herein.

Any benefits payable pursuant to this Amendatory Endorsement will not be duplicated under any optional benefit rider that may be attached to the Insured Person's Policy.

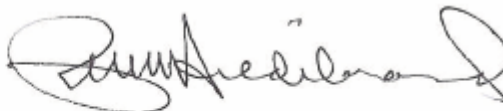
The provisions of this Amendatory Endorsement are effective on the Policy Date, the effective date shown herein (if any), or as required by law, whichever is later.

In Witness whereof, the Insurance Company has caused this Amendment to be signed by its President and Secretary.

Signed for Mid-West National Life Insurance Company of Tennessee at North Richland Hills, Texas.



SECRETARY



PRESIDENT

MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENNESSEE

A Stock Company
(Hereinafter called: The Company, We, Our or Us)
Home and Administrative Office: N. Richland Hills, Texas
P.O. Box 982010
North Richland Hills, Texas 76182-8010
Customer Service: 1-800-733-1110

AMENDATORY ENDORSEMENT

This Amendatory Endorsement is made a part of the Policy to which it is attached. It is subject to all the provisions of the Policy which are not inconsistent with this endorsement. It is applicable only to Insured Persons who are residents of the State of Arkansas.

1. The definition of **Complications of Pregnancy** under the **DEFINITIONS** section is hereby deleted in its entirety and replaced with the following:

Complications of Pregnancy means:

1. Hospital confinement or treatment in an Outpatient Surgery Facility (when the pregnancy is not terminated) required to treat conditions, such as the following, in a pregnant female Insured Person: (a) acute nephritis; (b) nephrosis; (c) cardiac decompensation; (d) HELLP syndrome; (e) uterine rupture; (f) amniotic fluid embolism; (g) chorioamnionitis; (h) fatty liver in pregnancy; (i) septic abortion; (j) placenta accreta; (k) gestational hypertension; (l) puerperal sepsis; (m) peripartum cardiomyopathy; (n) cholestasis in pregnancy; (o) thrombocytopenia in pregnancy; (p) placenta previa; (q) placental abruption; (r) acute cholecystitis and pancreatitis in pregnancy; (s) postpartum hemorrhage; (t) septic pelvic thrombophlebitis; (u) retained placenta; (v) venous air embolus associated with pregnancy; (w) miscarriage; or (x) an emergency c-section required because of (i) fetal or maternal distress during labor, or (ii) severe pre-eclampsia, or (iii) arrest of descent or dilatation, or (iv) obstruction of the birth canal by fibroids or ovarian tumors, or (v) necessary because of the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that, in the absence of immediate medical attention, will result in placing the life of the mother or fetus in jeopardy. For purposes of this paragraph, a c-section delivery is not considered to be an emergency c-section if it is merely for the convenience of the Insured Person and/or Physician or solely due to a previous c-section.
2. Treatment, diagnosis or care for conditions, including the following, in a pregnant female Insured Person when the condition was caused by, necessary because of, or aggravated by the pregnancy: (a) hyperthyroidism; (b) hepatitis B or C; (c) HIV; (d) Human papilloma virus; (e) abnormal PAP; (f) syphilis; (g) chlamydia; (h) herpes; (i) urinary tract infections; (j) thromboembolism; (k) appendicitis; (l) hypothyroidism; (m) pulmonary embolism; (n) sickle cell disease; (o) tuberculosis; (p) migraine headaches; (q) depression; (r) acute myocarditis; (s) asthma; (t) maternal cytomegalovirus; (u) urolithiasis; (v) DVT prophylaxis; (w) ovarian dermoid tumors; (x) biliary atresia and/or cirrhosis; (y) first trimester adnexal mass; (z) hydatidiform mole; or (aa) ectopic pregnancy.

Complications of Pregnancy do not include false labor; occasional spotting; Physician prescribed rest during the period of pregnancy; morning sickness; hyperemesis gravidarum; and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication.

2. The following Covered Expenses are added to the **BENEFITS** section. Unless otherwise stated, all Covered Expenses are subject to the Deductible, Coinsurance and Lifetime Maximum Amount shown in the POLICY SCHEDULE; the Maximum Benefit, benefit and/or Aggregate Maximum Amounts, if any, shown in the POLICY SCHEDULE. Unless otherwise stated, these Covered Expenses are also subject to the EXCLUSIONS AND LIMITATIONS and all other provisions of the Policy:

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Colorectal Cancer Screening

Covered expenses included charges for colorectal cancer examinations and laboratory tests for Insured Persons who are 50 years of age or older; who are less than 50 years of age and at high risk for colorectal cancer according to American Cancer Society colorectal cancer screening guidelines as they existed on January 1, 2005; and experiencing bleeding from the rectum or blood in the stool or a change in bowel habits, such as diarrhea, constipation, or narrowing of the stool that lasts more than 5 days as determined by a licensed physician.

For the purpose of this benefit "high risk for colorectal cancer" means: Individuals over 50 years of age or who face a high risk for colorectal cancer because of the presence of polyps on a previous colonoscopy, barium enema, or flexible sigmoidoscopy; family history of colorectal cancer in close relatives of parents, brothers, sisters, or children; genetic alterations of hereditary nonpolyposis colon cancer or familial adenomatous polyposis; personal history of colorectal cancer, ulcerative colitis, or Crohn's disease; or the presence of any appropriate recognized gene markers for colorectal cancer or other predisposing factors; and any definition recognized by medical science and determined by the Director of the Department of Health in consultation with the University of Arkansas for Medical Sciences.

Outpatient Contraceptive Services and Devices Benefit

Covered Expenses include the charges incurred for Outpatient Contraceptive Services and Devices including closed formularies; however, formularies must include implant and injectable contraceptive drugs, and intrauterine devices.

Covered Expenses do not include charges for abortion, an abortifacient or any U.S. Food and Drug Administration approved emergency contraception.

Outpatient Contraceptive benefits are subject to the same Deductibles and Coinsurances as prescription drugs.

*The following benefit is effective as of **July 31, 2009** or the Insured Person's Effective Date of Coverage, whichever is later:*

Orthotics and Prosthetics

Covered Expenses include charges for orthotic and prosthetic devices and services, including repairs and replacements due to anatomical change or normal use. Such devices and services must be prescribed by a licensed doctor of medicine, doctor of osteopathy, or doctor of podiatric medicine and provided by a doctor of medicine, a doctor of osteopathy, a doctor of podiatric medicine, an orthotist, or a prosthetist licensed by the State of Arkansas. The reimbursement amount shall be at the minimum of eighty percent of Medicare allowables as defined by the Center for Medicare Medicaid Services, Healthcare Common Procedure Coding System for:

1. An orthotic device;
2. An orthotic service;
3. A prosthetic device; and
4. A prosthetic service.

For the purpose of this benefit, "Orthotic Device" means an external device that is custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with the delivery of the device to the patient.

Orthotic Device does not include a cane, a crutch, a corset, a dental appliance, an elastic hose, an elastic support, a fabric support, a generic arch support, a low-temperature plastic splint, a soft cervical collar, a truss, or other similar device that: (i) is carried in stock and sold without therapeutic modification by a corset shop, department store, drug store, surgical supply facility, or similar retail entity; and (ii) has no significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body.

For the purpose of this benefit, "Prosthetic Devices" means an external device that is intended to replace an absent external body part and custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with being delivered to the patient.

Prosthetic Device does not include an artificial eye, an artificial ear, a dental appliance, a cosmetic device such as artificial eyelashes or wigs, a device used exclusively for athletic purposes, and artificial facial device, or other device that does not have a significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body.

*The following benefit is effective as of **January 1, 2010** or the Insured Person's Effective Date of Coverage, whichever is later:*

Prostate Cancer Screening

Covered Expenses include a screening for the early detection of prostate cancer for a male Insured Person 40 years of age and older, as according to the National Comprehensive Cancer Network guidelines.

The screening shall consist of the following tests:

1. Annual prostate specific antigen test (PSA); and
2. Digital rectal exam (DRE).

[This benefit is not subject to a Deductible.]

3. The **EXCLUSIONS AND LIMITATIONS** is hereby amended as follows:

Item 10 is hereby deleted in its entirety and replaced with the following:

10. Any treatment including prescription drugs or non-prescription drugs, or procedure that promotes conception or prevents childbirth, including but not limited to: (a) artificial insemination; (b) in-vitro fertilization or other treatment for infertility; (c) treatment for impotency; (d) sterilization or reversal of sterilization; or (e) abortion (unless the life of the mother would be endangered if the fetus were carried to term), unless otherwise stated herein;

Any benefits payable pursuant to this Amendatory Endorsement will not be duplicated under any optional benefit rider that may be attached to the Insured Person's Policy.

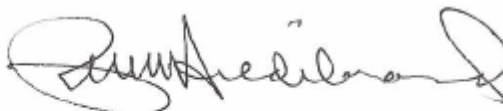
The provisions of this Amendatory Endorsement are effective on the Policy Date, the effective date shown herein (if any), or as required by law, whichever is later.

In Witness whereof, the Insurance Company has caused this Amendment to be signed by its President and Secretary.

Signed for Mid-West National Life Insurance Company of Tennessee at North Richland Hills, Texas.



SECRETARY



PRESIDENT

MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENNESSEE

A Stock Company
(Hereinafter called: The Company, We, Our or Us)
Home and Administrative Office: N. Richland Hills, Texas
P.O. Box 982010
North Richland Hills, Texas 76182-8010
Customer Service: 1-800-733-1110

AMENDATORY ENDORSEMENT

This Amendatory Endorsement is made a part of the Policy to which it is attached. It is subject to all the provisions of the Policy which are not inconsistent with this endorsement. It is applicable only to Insured Persons who are residents of the State of Arkansas.

The following Covered Expenses are added to the **BENEFITS** section. Unless otherwise stated, all Covered Expenses are subject to the Deductible, Coinsurance and Lifetime Maximum Amount shown in the POLICY SCHEDULE; the Maximum Benefit, benefit and/or Aggregate Maximum Amounts, if any, shown in the POLICY SCHEDULE. Unless otherwise stated, these Covered Expenses are also subject to the EXCLUSIONS AND LIMITATIONS and all other provisions of the Policy:

*The following benefit is effective as of **July 31, 2009** or the Insured Person's Effective Date of Coverage, whichever is later:*

Orthotics and Prosthetics

Covered Expenses include charges for orthotic and prosthetic devices and services, including repairs and replacements due to anatomical change or normal use. Such devices and services must be prescribed by a licensed doctor of medicine, doctor of osteopathy, or doctor of podiatric medicine and provided by a doctor of medicine, a doctor of osteopathy, a doctor of podiatric medicine, an orthotist, or a prosthetist licensed by the State of Arkansas. The reimbursement amount shall be at the minimum of eighty percent of Medicare allowables as defined by the Center for Medicare Medicaid Services, Healthcare Common Procedure Coding System for:

1. An orthotic device;
2. An orthotic service;
3. A prosthetic device; and
4. A prosthetic service.

For the purpose of this benefit, "Orthotic Device" means an external device that is custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with the delivery of the device to the patient.

Orthotic Device does not include a cane, a crutch, a corset, a dental appliance, an elastic hose, an elastic support, a fabric support, a generic arch support, a low-temperature plastic splint, a soft cervical collar, a truss, or other similar device that: (i) is carried in stock and sold without therapeutic modification by a corset shop, department store, drug store, surgical supply facility, or similar retail entity; and (ii) has no significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body.

For the purpose of this benefit, "Prosthetic Devices" means an external device that is intended to replace an absent external body part and custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with being delivered to the patient.

Prosthetic Device does not include an artificial eye, an artificial ear, a dental appliance, a cosmetic device such as artificial eyelashes or wigs, a device used exclusively for athletic purposes, and artificial facial device, or other device that does not have a significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body.

*The following benefit is effective as of **January 1, 2010** or the Insured Person's Effective Date of Coverage, whichever is later:*

Prostate Cancer Screening

Covered Expenses include a screening for the early detection of prostate cancer for a male Insured Person 40 years of age and older, as according to the National Comprehensive Cancer Network guidelines.

The screening shall consist of the following tests:

1. Annual prostate specific antigen test (PSA); and
2. Digital rectal exam (DRE).

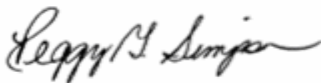
[This benefit is not subject to a Deductible.]

Any benefits payable pursuant to this Amendatory Endorsement will not be duplicated under any optional benefit rider that may be attached to the Insured Person's Policy.

The provisions of this Amendatory Endorsement are effective on the Policy Date, the effective date shown herein (if any), or as required by law, whichever is later.

In Witness whereof, the Insurance Company has caused this Amendment to be signed by its President and Secretary.

Signed for Mid-West National Life Insurance Company of Tennessee at North Richland Hills, Texas.



SECRETARY



PRESIDENT

MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENNESSEE

A Stock Company
(Hereinafter called: The Company, We, Our or Us)
Home and Administrative Office: N. Richland Hills, Texas
P.O. Box 982010
North Richland Hills, Texas 76182-8010
Customer Service: 1-800-733-1110

AMENDATORY ENDORSEMENT

This Amendatory Endorsement is made a part of the Policy to which it is attached. It is subject to all the provisions of the Policy which are not inconsistent with this endorsement. It is applicable only to Insured Persons who are residents of the State of Arkansas.

The following Covered Expenses are added to the **BENEFITS** section. Unless otherwise stated, all Covered Expenses are subject to the Deductible, Coinsurance and Lifetime Maximum Amount shown in the POLICY SCHEDULE; the Maximum Benefit, benefit and/or Aggregate Maximum Amounts, if any, shown in the POLICY SCHEDULE. Unless otherwise stated, these Covered Expenses are also subject to the EXCLUSIONS AND LIMITATIONS and all other provisions of the Policy:

*The following benefit is effective as of **July 31, 2009** or the Insured Person's Effective Date of Coverage, whichever is later:*

Orthotics and Prosthetics

Covered Expenses include charges for orthotic and prosthetic devices and services, including repairs and replacements due to anatomical change or normal use. Such devices and services must be prescribed by a licensed doctor of medicine, doctor of osteopathy, or doctor of podiatric medicine and provided by a doctor of medicine, a doctor of osteopathy, a doctor of podiatric medicine, an orthotist, or a prosthetist licensed by the State of Arkansas. The reimbursement amount shall be at the minimum of eighty percent of Medicare allowables as defined by the Center for Medicare Medicaid Services, Healthcare Common Procedure Coding System for:

1. An orthotic device;
2. An orthotic service;
3. A prosthetic device; and
4. A prosthetic service.

For the purpose of this benefit, "Orthotic Device" means an external device that is custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with the delivery of the device to the patient.

Orthotic Device does not include a cane, a crutch, a corset, a dental appliance, an elastic hose, an elastic support, a fabric support, a generic arch support, a low-temperature plastic splint, a soft cervical collar, a truss, or other similar device that: (i) is carried in stock and sold without therapeutic modification by a corset shop, department store, drug store, surgical supply facility, or similar retail entity; and (ii) has no significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body.

For the purpose of this benefit, "Prosthetic Devices" means an external device that is intended to replace an absent external body part and custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with being delivered to the patient.

Prosthetic Device does not include an artificial eye, an artificial ear, a dental appliance, a cosmetic device such as artificial eyelashes or wigs, a device used exclusively for athletic purposes, and artificial facial device, or other device that does not have a significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body.

*The following benefit is effective as of **January 1, 2010** or the Insured Person's Effective Date of Coverage, whichever is later:*

Prostate Cancer Screening

Covered Expenses include a screening for the early detection of prostate cancer for a male Insured Person 40 years of age and older, as according to the National Comprehensive Cancer Network guidelines.

The screening shall consist of the following tests:

1. Annual prostate specific antigen test (PSA); and
2. Digital rectal exam (DRE).

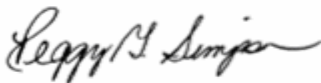
[This benefit is not subject to a Deductible.]

Any benefits payable pursuant to this Amendatory Endorsement will not be duplicated under any optional benefit rider that may be attached to the Insured Person's Policy.

The provisions of this Amendatory Endorsement are effective on the Policy Date, the effective date shown herein (if any), or as required by law, whichever is later.

In Witness whereof, the Insurance Company has caused this Amendment to be signed by its President and Secretary.

Signed for Mid-West National Life Insurance Company of Tennessee at North Richland Hills, Texas.



SECRETARY



PRESIDENT

SERFF Tracking Number: MGCC-126475523 State: Arkansas
Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number: 44717
Company Tracking Number: CIT: NLR AR HB 2244 & NLR AR HB 1031
TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical
Hospital/Surgical/Medical Expense Expense
Product Name: AE MW-25906-IP AR (01/10); AE MW-25907-IP AR (01/10); AE MW-26025-IP AR (01/10); AE MW-26026 PPO IP AR (01/10)
Project Name/Number: HB 1031-Prostate Cancer Screenings & HB 2244-Orthotics and Prosthetics/

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	02/03/2010
Comments:		
Attachment: Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	02/03/2010
Bypass Reason: Forms being submitted for review and approval are Amendatory Endorsements.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	02/03/2010
Bypass Reason: Forms being submitted for review are Amendatory Endorsements, not Individual Health Policies.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	02/03/2010
Bypass Reason: Forms being submitted for review and approval are Amendatory Endorsements.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Certification/Notice	Approved-Closed	02/03/2010
Comments:		
Attachment:		

SERFF Tracking Number: MGCC-126475523 State: Arkansas
Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number: 44717
Company Tracking Number: CIT: NLR AR HB 2244 & NLR AR HB 1031
TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical
Hospital/Surgical/Medical Expense Expense
Product Name: AE MW-25906-IP AR (01/10); AE MW-25907-IP AR (01/10); AE MW-26025-IP AR (01/10); AE MW-26026 PPO IP AR (01/10)
Project Name/Number: HB 1031-Prostate Cancer Screenings & HB 2244-Orthotics and Prosthetics/
Cert of Compliance Rule-Reg19 -AR.pdf

		Item Status:	Status Date:
Satisfied - Item:	ARGA 0104	Approved-Closed	02/03/2010
Comments:			
Attachment:			
ARGA 0104.pdf			

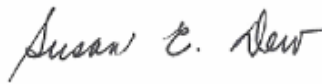
		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	02/03/2010
Comments:			
Attachment:			
Cover Letter.pdf			

Mid-West National Life Insurance Company of Tennessee

FLESCH READABILITY CERTIFICATE
State of Arkansas

<u>Form Number</u>	<u>Flesch Score</u>
AE MW-25906-IP AR (01/10)	42.93
AE MW-25907-IP AR (01/10)	41.69
AE MW-26025-IP AR (01/10)	52.73
AE MW-26026 PPO IP AR (01/10)	52.73

I certify that to the best of my knowledge and belief, the above-referenced form(s) meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of Arkansas.



Susan Dew
Senior VP, Associate General Counsel and Chief Compliance Officer

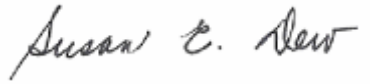
January 27, 2010
DATE

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Mid-West National Life Insurance Company of Tennessee

Form Number(s): AE MW-25906-IP AR (01/10); AE MW-25907-IP AR (01/10); AE MW-26025-IP AR (01/10); AE MW-26026 PPO IP AR (01/10)

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Susan Dew
Name

Senior VP, Associate General Counsel and Chief Compliance Officer
Title

January 27, 2010
Date

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract..

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice.

**The Arkansas Life and Health Insurance Guaranty Association
C/O The Liquidation Division
1023 West Capitol, Suite 2
Little Rock, Arkansas 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904**

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and they hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies or contracts are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose Guaranty Association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;

- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans, to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of any unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits for net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.]



Mid-West National Life Insurance
Company of Tennessee

January 27, 2010

Arkansas Insurance Department
Commissioner Jay Bradford
Life and Health Division
1200 W 3rd Street
Little Rock, AR 72201-1904
Attn.: Life & Health Division, A&H Form Filing Section

RE: SERFF Tracking Number: MGCC-126475523
Mid-West National Life Insurance Company of Tennessee
NAIC#: 264-66087 / FEIN#: 62-07245358

FORM

AE MW-25906-IP AR (01/10)
AE MW-25907-IP AR (01/10)
AE MW-26025-IP AR (01/10)
AE MW-26026 PPO-IP AR (01/10)

DESCRIPTION

Amendatory Endorsement
Amendatory Endorsement
Amendatory Endorsement
Amendatory Endorsement

Dear Commissioner Bradford:

The above referenced forms are submitted for your review and approval. The forms have been created in order to bring the following policies into compliance with the requirements of House Bill 1031 regarding Coverage for Prostate Cancer Screenings and HB 2244 regarding Orthotics and Prosthetics:

POLICY NUMBER

MW-25906-IP AR
MW-25907-IP AR
MW-26025-IP AR
MW-26026 PPO-IP AR

APPROVAL DATE

July 9, 2003
July 11, 2003
October 2, 2006
October 2, 2006

To the best of our knowledge, information and belief, the form submitted herewith is in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state.

If you have any questions or if anything further is needed to expedite the review of this filing, please call me collect at (817) 255-8283. Your assistance in this matter is greatly appreciated.

Sincerely,

A handwritten signature in blue ink that reads 'Dianna Cordova'.

Dianna Cordova
Compliance Analyst II
Dianna.cordova@healthmarkets.com